



Human Services Committee
March 11, 2010
Testimony of the American Cancer Society

Support for HB 5411 - An Act Concerning Medicaid

Good afternoon Senator Doyle, Representative Walker and honorable members of the Committee, My name is Dr. Andrew Salner. I am the Director of the Helen and Harry Gray Cancer Center at Hartford Hospital. I am the Past-Chair, American Cancer Society, New England Division. I am also Immediate Past Chair of the Connecticut Cancer Partnership, a public and private coalition of over 300 cancer experts and health care organizations funded by a grant from the CDC to create and implement a Comprehensive Cancer Control Plan here in Connecticut. Today, I am here today on behalf of the Society in strong support of **HB 5411 - An Act Concerning Medicaid**.

Smoking related diseases are the single most preventable cause of death in our society and it is estimated that 4,900 Connecticut residents will die from smoking related illnesses in 2009 alone. Currently, 15.9% of adults in Connecticut and 21% of high school aged kids smoke, spending on average \$1825 per year on the habit. Connecticut incurs \$1.63 billion in annual health care costs and another \$1 billion in lost productivity directly caused by tobacco.

Connecticut receives over \$500 million annually between the MSA funds and tobacco tax revenue. Over the years, however, less than 2% of the cumulative total has been spent in support of smoking cessation services. In 2008 Connecticut spent \$0 dollars and was ranked last, 51 out of 50 states and Washington D.C. in allocating funds to tobacco cessation programs. While the state did not spend any money, the annual health care costs associated with tobacco use continued to increase.

70% of Connecticut's smokers indicate they want to quit while 40% attempt to quit each year, however only about 5% are successful. Many fail because, in part, of a lack of access to successful cessation programs. Funding prevention programs that alleviate this burden on our citizens and economy is not only consistent with our shared goal of insuring access to care to those in need, it is also the only fiscally responsible approach we can take.

From a cost perspective, the need is critical. According to the Centers for Disease Control and Prevention, tobacco use costs Connecticut's Medicaid program alone over \$507 million per year - costs primarily borne by Connecticut taxpayers. HB 5411 brings Connecticut a step closer to providing these much needed services by requiring the Department of Social Services to amend the state Medicaid plan to include smoking cessation treatments.

36% of Connecticut Medicaid beneficiaries smoke, more than a 50% higher rate than the population as a whole. Yet, Connecticut is one of only 4 states that does not provide Medicaid

coverage for at least one of the three primary smoking cessation services—nicotine replacement therapies, counseling or prescription drugs. Providing tobacco users with access to these services increases quit rates by up to 40%. Tobacco prevention and cessation programs are shown over and over to be effective ways of reducing the financial and human costs of tobacco.

Medicaid cessation is a proven success. For example, Massachusetts offers a Medicaid cessation benefit that includes low cost medication and counseling services. The program cost about \$12 million, and according to a recent pilot study of the benefit, 40% of smokers in Medicaid took advantage of the services (75,000 people). 33,000 smokers quit over the two-year study period, leading to a 26% decline in smoking prevalence. An analysis of the expected cost savings from promoting cessation before smoking-related disease develops or becomes more severe is forthcoming, but given the overwhelming use of the services as well as the substantial quit rate, the savings are considerable—more so than the cost of providing the service itself. We would urge support for amending HB 5411 using the suggested language the MATCH coalition has submitted. This language would more closely align the Connecticut Plan with this highly successful comprehensive Massachusetts model.

Funding Medicaid coverage of cessation services would allow for the state to take advantage of federal matching funds, reach a higher concentration of lower income smokers and ease the impact tobacco related illnesses have on the cost of the program.

The American Legacy Foundation estimated that within five years, Connecticut would see annual Medicaid savings of \$91 million (2005 dollars) with a 50 percent decrease in smoking rates, and \$18 million (2005 dollars) annually in Medicaid savings with a ten percent reduction in smoking. With a renewed and committed investment in aggressive tobacco control, we can reverse the damage already done, and impact the health and lives of the people of Connecticut.

Connecticut faces very real and very serious budget deficits. This fiscal emergency will need to be addressed through painful and necessary solutions and all options need to be on the table. As we continue to feel the impact of this economic downturn, it is important that we look for creative ways to utilize existing revenue that will allow us to protect access to the full range of health care, including tobacco prevention and cessation services.

The American Cancer Society stands ready and willing to work with the Legislature and the Administration to effectively establish coherent strategy which adequately addresses these and other health care related concerns. We cannot afford to do nothing to address this entirely preventable problem. Inaction will only escalate the current economic downturn and result in a greater number of lives being affected by cancer at a greater cost to the state.

We respectfully request your support for HB 5411. Thank You.

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